

1303

MARGIN RESERVED FOR BINDING
N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A
carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that
it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PLACE OF DEATH
1. County Maricopa
District Artesia
Town or City Safford

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF DEATH
No. Route #1
(If death occurred in a hospital or institution, give its NAME instead of street number)

State Index - - - No. 102
County Registrar's - No. 37
Local Registrar's - No. 37

2. FULL NAME Erma May Martin
(a) Residence. No. _____ (Usual place of abode) St. _____ Ward _____
Length of residence in city or town where death occurred yrs. 8 mos. _____ ds. How long in U. S. if of foreign birth? yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS
3. SEX Female 4. COLOR or RACE White 5. SINGLE, MARRIED, WIDOWED or DIVORCED Single
5a. If married, widowed, or divorced HUSBAND of _____ (or) WIFE of _____
6. DATE OF BIRTH (month, day and year) July 18, 1929
7. AGE Years 8 Months 26 Days 1 LESS than 1 day _____ or _____
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work _____
(b) General nature of industry, business or establishment in which employed (or employer) _____
(c) Name of employer _____
9. BIRTHPLACE (city or town) _____ (State or country) _____
10. NAME OF FATHER Joseph Alfred Martin
11. BIRTHPLACE OF FATHER Prima (city or town) _____ (State or country) _____
12. MAIDEN NAME OF MOTHER Mary Ann Jensen
13. BIRTHPLACE OF MOTHER Central (city or town) _____ (State or country) _____
14. Informant (Address) Joseph Alfred Martin
15. Filed 4/8, 1931 L. N. Stratton Local Registrar.
V. S. No. 1 _____ County Registrar.

MEDICAL CERTIFICATE OF DEATH
16. DATE OF DEATH (month, day, and year) March 15, 1930
17. I HEREBY CERTIFY, That I attended deceased from March 9, 1930 to March 15, 1930
that I last saw her alive on March 15, 1930
and that death occurred, on the date stated above, at 3:00 P. M.
The CAUSE OF DEATH was as follows: meningococcal meningitis
(duration) _____ yrs. _____ mos. 18 ds.
CONTRIBUTORY (Secondary) none
(duration) _____ yrs. _____ mos. _____ ds.
18. Where was disease contracted if not at place of death? _____
Did an operation precede death? no Date of _____
Was there an autopsy? no
What test confirmed diagnosis? clinical
(Signed) J. W. Butler M. D.
3/15, 1930 (Address) Safford, Ariz.
State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)
19. PLACE OF BURIAL, CREMATION OR REMOVAL Central DATE OF BURIAL 3/16-1930
20. UNDERTAKER Frank Bluff ADDRESS Central